

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial **SAMUEL L.** Last name **GALLUCCI** Your social security number [REDACTED]

If joint return, spouse's first name and middle initial **ANTONIA S.** Last name **GALLUCCI** Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED] **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [REDACTED]

Foreign country name [REDACTED] Foreign province/state/county [REDACTED] Foreign postal code [REDACTED] If more than four dependents, see instructions and ✓ here ☐

Standard Deduction ☐ Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions)	
(1) First name	Last name			Child tax credit	Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2		STMT 1.	1	85,040.
2a Tax-exempt interest	2a	Taxable interest Attach Sch. B if required	2b	
3a Qualified dividends	3a	Ordinary dividends Attach Sch. B if required	3b	68.
4a IRA distributions	4a	b Taxable amount	4b	
c Pensions and annuities	4c	d Taxable amount	4d	
5a Social security benefits	5a	b Taxable amount	5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here			6	
7a Other income from Schedule 1, line 9			7a	8,571.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income			7b	93,679.
8a Adjustments to income from Schedule 1, line 22			8a	2,561.
b Subtract line 8a from line 7b. This is your adjusted gross income			8b	91,118.
9 Standard deduction or itemized deductions (from Schedule A)	9	43,577.		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	1,507.		
11a Add lines 9 and 10			11a	45,084.
b Taxable income. Subtract line 11a from line 8b.			11b	46,034.
If zero or less, enter -0-				

Standard Deduction for -

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2019)

12a	Tax (see inst.) Check if any from Form(s) 1 ☐ 8814 2 ☐ 4972 3 ☐	12a	5,129.
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	5,129.
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	5,129.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	4,552.
16	Add lines 14 and 15. This is your total tax	16	9,681.
17	Federal income tax withheld from Forms W-2 and 1099	17	6,120.
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	800.
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	800.
19	Add lines 17 and 18e. These are your total payments	19	6,920.
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here ☐	21a	
b	Routing number	c Type: ☐ Checking ☐ Savings	
d	Account number		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	
Amount You Owe	23 Amount you owe . Subtract line 19 from line 16. For details on how to pay, see instructions	23	2,835.
24	Estimated tax penalty (see instructions)	24	74.

• If you have a qualifying child, attach Sch. EIC
 • If you have nontaxable combat pay, see instructions

Direct deposit?
See instructions

Third Party Designee
(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions ☐ **Yes. Complete below.** ☒ **No**

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation **MINISTER**

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature If a joint return, **both** must sign Date Spouse's occupation **HOUSEWIFE**

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. Email address

Paid Preparer Use Only

Preparer's name **DONALD WESTENHAVER, JR.** Preparer's signature Date **03/24/20** PTIN

Check it: ☒ 3rd Party Designee ☐ Self-employed

Firm's name

EIDE BAILLY LLP

Phone no.

Firm's EIN

Firm's address

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2019)

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR

SAMUEL L. & ANTONIA S. GALLUCCI

Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes ☐ No ☒

Part I Additional Income

	STMT 3	STMT 5		
1	Taxable refunds, credits, or offsets of state and local income taxes		1	155.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions) ▶			
3	Business income or (loss). Attach Schedule C		3	8,416.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income. List type and amount ▶		8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a		9	8,571.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	2,276.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	285.
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	2,561.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No 1545-0074

2019
Attachment
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR

SAMUEL L. & ANTONIA S. GALLUCCI

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	4,552.
5	Unreported social security and Medicare tax from Form. a 4137 b 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	4,552.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. 03

Name(s) shown on Form 1040 or 1040-SR

SAMUEL L. & ANTONIA S. GALLUCCI

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	0.

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	STMT 6	8	800.
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐		13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d		14	800.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE A
(Form 1040 or 1040-SR)

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No 1545-0074

2019

Attachment
Sequence No **07**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

SAMUEL L. & ANTONIA S. GALLUCCI

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions) SEE STATEMENT 9	1	3,994.
2	Enter amount from Form 1040 or 1040-SR, line 8b 2 91,118.	2	91,118.
3	Multiply line 2 by 7.5% (0.075)	3	6,834.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
Taxes You Paid	5 State and local taxes.		
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 7 ►	5a	1,671.
	b State and local real estate taxes (see instructions)	5b	9,058.
	c State and local personal property taxes	5c	
	d Add lines 5a through 5c	5d	10,729.
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.
	6 Other taxes. List type and amount ►	6	
	7 Add lines 5e and 6	7	10,000.
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ►		
Caution: Your mortgage interest deduction may be limited (see instructions).	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	18,025.
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	8b	
	c Points not reported to you on Form 1098. See instructions for special rules	8c	
	d Mortgage insurance premiums (see instructions)	8d	
	e Add lines 8a through 8d	8e	18,025.
	9 Investment interest. Attach Form 4952 if required. See instructions	9	
	10 Add lines 8e and 9	10	18,025.
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	15,552. STMT 8
Caution: If you made a gift and got a benefit for it, see instructions.	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	
	13 Carryover from prior year	13	
	14 Add lines 11 through 13	14	15,552.
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15	
Other Itemized Deductions	16 Other - from list in instructions. List type and amount ►	16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9	17	43,577.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ►		

SCHEDULE B
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

► Go to www.irs.gov/ScheduleB for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

OMB No 1545-0074

2019
Attachment
Sequence No **08**

Your social security number

SAMUEL L. & ANTONIA S. GALLUCCI

Part I

Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

Ordinary Dividends

- 5 List name of payer ►
IBM
KIMBERLY-CLARK CORPORATION C/O COMPUTERSHARE

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.
927501 11-19-19

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account, or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located
8 During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
	X
	X

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019
Attachment
Sequence No **09**

Name of proprietor

SAMUEL L. GALLUCCI

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

CONSULTING

B Enter code from instructions

541990

C Business name. If no separate business name, leave blank.

SAM GALLUCCI CONSULTING

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2019, check here

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)

Yes ☒ No

J If "Yes," did you or will you file required Forms 1099?

Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	22,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	22,000.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	22,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	22,000.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense	18	
9 Car and truck expenses (see instructions) STMT 10	9	2,742.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	408.
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	578.
15 Insurance (other than health)	15	255.	23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	5,180.
b Other	16b		b Deductible meals (see instructions)	24b	1,215.
17 Legal and professional services	17	1,125.	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 a Other expenses (from line 48)	27a	2,081.
			b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	13,584.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	8,416.

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home:

and (b) the part of your home used for business:

Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

31 Net profit or (loss). Subtract line 30 from line 29.

• If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.

• If you checked 32b, you must attach **Form 6198**. Your loss may be limited.

32a All investment is at risk
32b Some investment is not at risk

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	☐ a Cost	☐ b Lower of cost or market	☐ c Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	☐ Yes ☐ No		
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	____/____/____
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:	
a	Business	_____
b	Commuting	_____
c	Other	_____
45	Was your vehicle available for personal use during off-duty hours?	☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes ☐ No
47 a	Do you have evidence to support your deduction?	☐ Yes ☐ No
b	If "Yes," is the evidence written?	☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

INTERNET/TELEPHONE	2,037.
FEES	44.
48 Total other expenses. Enter here and on line 27a	2,081.

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2019

Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

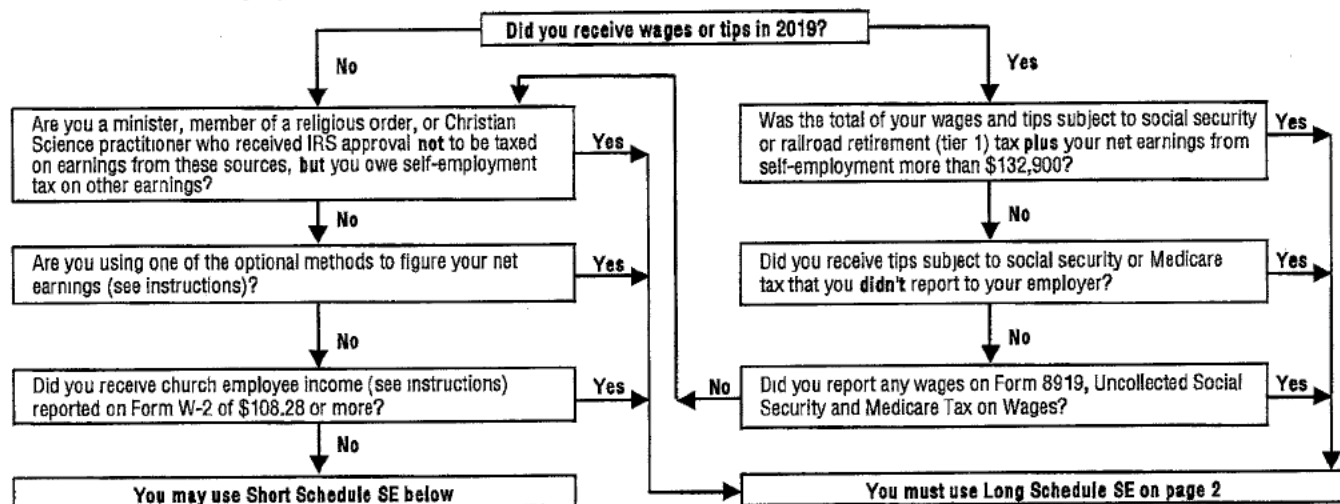
Social security number of person with **self-employment** income

SAMUEL L. GALLUCCI

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A-Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	32,216.
3 Combine lines 1a, 1b, and 2	3	32,216.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	29,751.
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55	5	4,552.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	6	2,276.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040 or 1040-SR) 2019

Form **6251**Department of the Treasury
Internal Revenue Service (99)**DOES NOT APPLY**
Alternative Minimum Tax - Individuals▶ Go to www.irs.gov/Form6251 for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No 1545-0074

2019
Attachment
Sequence No **32**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

SAMUEL L. & ANTONIA S. GALLUCCI**Part I Alternative Minimum Taxable Income**

1	Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	46,034.
2a	If filing Schedule A (Form 1040 or 1040-SR), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 9	2a	10,000.
b	Tax refund from Schedule 1 (Form 1040 or 1040-SR), line 1 or line 8	2b	-155.
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040 or 1040-SR), line 8. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$733,700, see instructions.)	4	55,879.

Part II Alternative Minimum Tax (AMT)

5	Exemption. (If you were under age 24 at the end of 2019, see instructions.) <table border="0"> <thead> <tr> <th>IF your filing status is ...</th> <th>AND line 4 is not over ...</th> <th>THEN enter on line 5 ...</th> </tr> </thead> <tbody> <tr> <td>Single or head of household</td> <td>\$510,300</td> <td>\$71,700</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td>1,020,600</td> <td>111,700</td> </tr> <tr> <td>Married filing separately</td> <td>510,300</td> <td>55,850</td> </tr> </tbody> </table> If line 4 is over the amount shown above for your filing status, see instructions.	IF your filing status is ...	AND line 4 is not over ...	THEN enter on line 5 ...	Single or head of household	\$510,300	\$71,700	Married filing jointly or qualifying widow(er)	1,020,600	111,700	Married filing separately	510,300	55,850	5	111,700.
IF your filing status is ...	AND line 4 is not over ...	THEN enter on line 5 ...													
Single or head of household	\$510,300	\$71,700													
Married filing jointly or qualifying widow(er)	1,020,600	111,700													
Married filing separately	510,300	55,850													
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	0.												
7	- If you are filing Form 2555, see instructions for the amount to enter. - If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. All others: If line 6 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result.	7	0.												
8	Alternative minimum tax foreign tax credit (see instructions)	8													
9	Tentative minimum tax. Subtract line 8 from line 7	9	0.												
10	Add Form 1040 or 1040-SR, line 12a (minus any tax from Form 4972), and Schedule 2 (Form 1040 or 1040-SR), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040 or 1040-SR), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 12a, refigure that tax without using Schedule J before completing this line (see instructions)	10	5,129.												
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line 1	11	0.												

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12 Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12
13 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Forms 1040 and 1040-SR or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040 or 1040-SR), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter	13
14 Enter the amount from Schedule D (Form 1040 or 1040-SR), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter	14
15 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15
16 Enter the smaller of line 12 or line 15	16
17 Subtract line 16 from line 12	17
18 If line 17 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result	18
19 Enter: • \$78,750 if married filing jointly or qualifying widow(er), • \$39,375 if single or married filing separately, or • \$52,750 if head of household.	19
20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 11b; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20
21 Subtract line 20 from line 19. If zero or less, enter -0-	21
22 Enter the smaller of line 12 or line 13	22
23 Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23
24 Subtract line 23 from line 22	24
25 Enter: • \$434,550 if single • \$244,425 if married filing separately • \$488,850 if married filing jointly or qualifying widow(er) • \$461,700 if head of household	25
26 Enter the amount from line 21	26
27 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 11b, if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27
28 Add line 26 and line 27	28
29 Subtract line 28 from line 25. If zero or less, enter -0-	29
30 Enter the smaller of line 24 or line 29	30
31 Multiply line 30 by 15% (0.15)	31
32 Add lines 23 and 30	32
If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.	
33 Subtract line 32 from line 22	33
34 Multiply line 33 by 20% (0.20)	34
If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.	
35 Add lines 17, 32, and 33	35
36 Subtract line 35 from line 12	36
37 Multiply line 36 by 25% (0.25)	37
38 Add lines 18, 31, 34, and 37	38
39 If line 12 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result	39
40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0123

2019
Attachment
Sequence No. **55**Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

SAMUEL L. & ANTONIA S. GALLUCCI

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	SAM GALLUCCI CONSULTING		7,536.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	7,536.	
3	Qualified business net (loss) carryforward from the prior year	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	7,536.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		1,507.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		1,507.
11	Taxable income before qualified business income deduction	47,541.	
12	Net capital gain (see instructions)	49.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	47,492.	
14	Income limitation. Multiply line 13 by 20% (0.20)		9,498.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶		1,507.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		()
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		()

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2019)

Form **4562**Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Depreciation and Amortization**
(Including Information on Listed Property)▶ Attach to your tax return. **SCHEDULE C- 1**▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

2019Attachment
Sequence No. **179**

Identifying number

SAMUEL L. & ANTONIA S. GALLUCCI**SAM GALLUCCI CONSULTING****Part I** Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1
2	Total cost of section 179 property placed in service (see instructions)	2
3	Threshold cost of section 179 property before reduction in limitation	3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14
15	Property subject to section 168(f)(1) election	15
16	Other depreciation (including ACRS)	16

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 30-year	/		30 yrs.	MM	S/L
d 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use									25		
26 Property used more than 50% in a qualified business use:											
		%									
		%									
		%									
27 Property used 50% or less in a qualified business use											
NISSAN MAXIMA		%				S/L -					
2013	110115	37.49 %				S/L -					
		%				S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle 1		(f) Vehicle	
30 Total business/investment miles driven during the year (don't include commuting miles)										14,341		
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven										23,915		
33 Total miles driven during the year. Add lines 30 through 32										38,256		
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
									X			
35 Was the vehicle used primarily by a more than 5% owner or related person?										X		
36 Is another vehicle available for personal use?										X		

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year:					
43 Amortization of costs that began before your 2019 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

SAMUEL L. & ANTONIA S. GALLUCCI

FORM 1040		WAGES RECEIVED AND TAXES WITHHELD			STATEMENT 1	
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T HARBOR COMMUNITY COMMUNITY CHURCH	66,000.	6,120.	1,671.		5,580.	1,305.
T MISSIONARY CHURCH WESTERN REGION	19,040.					
TOTALS	85,040.	6,120.	1,671.		5,580.	1,305.

FORM 1040		QUALIFIED DIVIDENDS		STATEMENT 2	
NAME OF PAYER		ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS		
KIMBERLY-CLARK CORPORATION C/O COMPUTERSHARE		49.	49.		
TOTAL INCLUDED IN FORM 1040, LINE 3A			49.		

SCHEDULE 1		STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 3	
		2018	2017	2016	
GROSS STATE/LOCAL INC TAX REFUNDS		CALIFORNIA			
LESS: TAX PAID IN FOLLOWING YEAR		832.			
NET TAX REFUNDS CALIFORNIA		832.			
TOTAL NET TAX REFUNDS		832.			

SCHEDULE 1 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET STATEMENT 4

SAMUEL L. GALLUCCI

SAM GALLUCCI CONSULTING

1	NONSPECIFIED HEALTH INSURANCE PAYMENTS	285.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED	8,416.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9	8,416.
4	DIVIDE LINE 2 BY LINE 3	1.0000
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX	2,276.
6	LINE 4 TIMES LINE 5	2,276.
7	LINE 2 MINUS LINE 6	6,140.
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE	0.
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED	6,140.
10	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE	
11	LINE 9 MINUS LINE 10	6,140.
12	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11	285.

SCHEDULE 1	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT 5
		2018
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.		832.
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION		467.
1 NET REFUNDS FOR RECALCULATION		365.
2 AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E		10,000.
3 TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C		8,795.
4 SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE		1,205.
5 ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5A		1,415.
6 ENTER THE AMOUNT FROM LINE 1		365.
7 SUBTRACT LINE 6 FROM LINE 5		1,050.
8 ADD LINE 7 TO LINE 3		9,845.
9 SUBTRACT LINE 8 FROM LINE 2		155.
10 ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11		155.
11 ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS		37,088.
12 ENTER YOUR PRIOR YEAR STANDARD DEDUCTION		24,000.
13 SUBTRACT LINE 12 FROM LINE 11		13,088.
14 ENTER THE SMALLER OF LINE 10 OR LINE 13.		155.
15 PRIOR YEAR TAXABLE INCOME		44,235.
16 AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1 * IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14 * IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15		
TOTAL TO SCHEDULE 1, LINE 1 (IF PRIOR YEAR REFUNDS, AMOUNT IS INCLUDED WITH STATEMENT SHOWING PRIOR YEAR REFUNDS)		155.

SAMUEL L. & ANTONIA S. GALLUCCI

SCHEDULE 3

CURRENT YEAR ESTIMATES AND
AMOUNT APPLIED FROM PREVIOUS YEAR

STATEMENT 6

DESCRIPTION

AMOUNT

4TH QTR ESTIMATE PAYMENT - JOINT

800.

TOTAL TO SCHEDULE 3, LINE 8

800.

SCHEDULE A

STATE AND LOCAL INCOME TAXES

STATEMENT 7

DESCRIPTION

AMOUNT

HARBOR COMMUNITY COMMUNITY CHURCH

1,671.

TOTAL TO SCHEDULE A, LINE 5A

1,671.

SCHEDULE A

CASH CONTRIBUTIONS

STATEMENT 8

DESCRIPTION

AMOUNT
100% LIMIT

AMOUNT
60% LIMIT

AMOUNT
30% LIMIT

MISCELLANEOUS - MILEAGE

252.

EMBRACE CHURCH

10,800.

BHH

1,000.

CHRIST FOUNDATION OF AMERICA

500.

CHRIST FOR ALL NATIONS

100.

CRU

600.

HARVEST ROCK CHURCH

400.

ONE VOICE STUDENT MISSIONS

600.

THE KINDOM CENTER

1,300.

SUBTOTALS

15,552.

TOTAL TO SCHEDULE A, LINE 11

15,552.

SAMUEL L. & ANTONIA S. GALLUCCI

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT 9
DESCRIPTION		AMOUNT
PRESCRIPTION MEDICINES AND DRUGS		628.
TRANSPORTATION		158.
DOCTORS, DENTISTS, ETC.		1,527.
HOSPITALS		1,681.
TOTAL TO SCHEDULE A, LINE 1		3,994.

SCHEDULE C	CAR AND TRUCK EXPENSES	STATEMENT 10
DESCRIPTION		AMOUNT
NISSAN MAXIMA 2013 - \$3571 GAS, OIL, REPAIRS, ETC. AT 37.49¢		1,339.
CAR AND TRUCK EXPENSES		701.
PARKING AND TOLLS		702.
TOTAL TO SCHEDULE C, LINE 9		2,742.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 11
DESCRIPTION		AMOUNT
CONSULTING		8,416.
MINISTERS INCOME		23,800.
TOTAL TO SCHEDULE SE, LINE 2		32,216.